CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

	-		
The C/OH Instruction G	aulde explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER	MS / MRS / MR FIRST	MI M	OFFICE USE ONLY
NAME	NICKNAME KOSER		Date Received
	Hochara	beil	4-20-19
4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS	ADDRESS / PD BDX; APT / SUITE #; O	ITY; STATE; ZIP CODE	
Change of Address	601 SEAM IST Rd	1) LAUNCA 72979	
5 CANDIDATE/ OFFICEHOLDER PHONE	361 935 · 152	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST	MI	Receipt # Amount \$
NAME	NICKNAME LAST	suffix	Date Processed
	HochgrabEl		Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SL	JITE#; GITY; STATE;	ZIP CODE
(Residence or Business)			0000
	601 SEAKISTAD PORT	•	7777
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (361) 935-1570	EXTENSION	
9 REPORT TYPE	January 15 30th day before el	ection Aunoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 Sth day before elec	ction Exceeded \$500 limit	Final Report (Attach C/OH · FR)
10 PERIOD COVERED	Month Day Year 04 26 2019	THROUGH	Day Year 9 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary DS 04 2017 General	Runoff Other Description Special Colleger (C	Portanthority #4
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)
	de de la ANGARANTA de LANGE	Calhoun Co, Por	taithouty #44
	go то	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

		· · · · · · · · · · · · · · · · · · ·	
14 C/OH NAME	m Hoc	Danahel 15 F	iler ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR SUPPORT THE CAN	NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT DINSENT. CANCIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFOTURES.	T THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	de de la constitución de la cons
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, S ITEMIZED	\$
	4. TOTAL	POLITICAL EXPENDITURES	\$ -0-
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY PORTING PERIOD	\$ 10000
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$
18 AFFIDAVIT		l swear, or affirm, under penalty of perjur true and correct and includes all informat હાલder Title 15, Election Code.	
MyN	CKI L. WHITAKER lotary ID # 7999847 res March 16, 2021	Signature of Candidat	e or Officeholder
Sworn to and subse	cribed before me,	by the said Roger M Hockg raber to certify which, witness my hand and seal of office.	_, this the 26
Signature of officer	Ltal a	Printed name of officer administering oath	Title of officer administering oath
	•		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer I	ID (Ethics Commission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 10000
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	ons \$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBU	ITIONS \$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	\$ OF C/OH \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	ons \$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONET	ARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME.	OGER M Hochgraber	3 Filer ID (Ethics Commission Filers)
4 Date 4/22/19	5 Full name of contributor out of state PAC (ID#:) FLEX MUCL 6 Contributor address; City; State; Zip Code 1849 Royah Road PTHIBOLIX 775	7 Amount of contribution (\$)
	1849 ROYAL ROad PTHINELIX 275	75 \$ 10000
1 1	pation / Job title (See Instructions) 9 Employer (See Instructions)	ctions)
Date	Full name of contributor	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
	Contributor address; City; State; Zip Gode	
Principal occup	eation / Job title (See Instructions) Employer (See Instruc	itions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	EEDED
	If contributor is out-of-state PAC, please see instruction guide for additional	

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

Th	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:
2 FILER NAM	E		3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIB	BUTIONS	\$
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution Contribution \$. description
	7 Contributor address; City; State; Zip Coo		Check if travel outside of Texas. Complete Schedule T.
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
12 Gontributor's	principal occupation (FOR JUDICIAL)	13 Contrib	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
16 if contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor)	Amount of . In-kind contribution Contribution \$. description
	Contributor address; Clty; State; Zlp Co		Charles and the state of Town Complete Colorable T
Principal occ	bupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	Check if travel outside of Texas. Complete Schedule T. er (FOR NON-JUDICIAL)(See Instructions)
- <u></u>			
Contributor's	s principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE B PLEDGED CONTRIBUTIONS Total pages Schedule B: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 TOTAL OF UNITEMIZED PLEDGES 5 Date 6 Full name of pledgor out-of-state PAC (ID#:__ Amount 9 In-kind contribution of Pledge \$ description 7 Pledgor address; City; State; Zip Code Check if travel outside of Texas, Complete Schedule T. 10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions) Date Amount In-kind contribution Full name of pledgor out-of-state PAC (ID#: of Pledge \$ description Pledgor address; City; State; Zip Code Check If travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Amount of In-kind contribution Full name of piedgor ut-of-state PAC (ID#: Pledge \$ description Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind contribution Amount of Date Full name of pledgor ut-of-state PAG (ID#:_ description Pledge \$ Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS			SCHEDULE E
The li	nstruction Gulde explains how to com	plete this form.	1 Total pages Schedule E:
FILER NAME			3 Filer ID (Ethics Commission Filers)
TOTAL OF UNI	TEMIZED LOANS	AM ATT 0 TO BE	\$
Date of loan	7 Name of lender out-of-state	te PAC (ID#:)	9 Loan Amount (\$)
Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
Y N			11 Maturity date
2 Principal occupation	n / Job title (See Instructions)	13 Employer (See Instructions)	
		15 Check if personal funds wer	re deposited Into political
♣ Description of Colla □ none	terai	account (See Instructions)	
none	17 Name of guerantor		19 Amount Guaranteed (\$)
none GUARANTOR INFORMATION not applicable	17 Name of guerantor	State; Zip Code	•
none GUARANTOR INFORMATION not applicable	17 Name of guerantor		•
none GUARANTOR INFORMATION not applicable	17 Name of guerantor 18 Guerentor eddress; Clty; on (See Instructions)	State; Zip Code	•
none GUARANTOR INFORMATION not applicable Principal Occupation Date of loan Is lender a financial	17 Name of guerantor 18 Guerentor eddress; Clty; on (See Instructions)	State; Zip Code 21 Employer (See Instructions)	
none GUARANTOR INFORMATION not applicable Principal Occupation Date of loan Is lender	17 Name of guerantor 18 Guerentor eddress; Clty; on (See Instructions) Name of lender out-of-sta	State; Zip Code 21 Employer (See Instructions) te PAC (ID#:)	Loan Amount (\$)
none GUARANTOR INFORMATION not applicable Principal Occupate Date of loan Is lender a financial Institution? Y N	17 Name of guerantor 18 Guerentor eddress; Clty; on (See Instructions) Name of lender out-of-sta	State; Zip Code 21 Employer (See Instructions) te PAC (ID#:)	Loan Amount (\$) Interest rate Maturity date
none GUARANTOR INFORMATION not applicable Principal Occupate Date of loan Is lender a financial Institution? Y N	18 Guerentor eddress; Clty; on (See Instructions) Name of lender out-of-sta Lender address; City;	State; Zip Code 21 Employer (See Instructions) te PAC (ID#:) State; Zip Code	Loan Amount (\$) Interest rate Maturity date
none GUARANTOR INFORMATION not applicable Principal Occupate Date of loan Is lender a financial Institution? Y N Principal occupation Description of Colla	18 Guerentor eddress; Clty; on (See Instructions) Name of lender out-of-sta Lender address; City;	State; Zip Code 21 Employer (See Instructions) te PAC (ID#:) State; Zip Code Employer (See Instructions) Check if personal funds wer	Loan Amount (\$) Interest rate Maturity date
none GUARANTOR INFORMATION not applicable principal Occupation Date of loan Is lender a financial Institution? Y N Principal occupation Description of Collation In none GUARANTOR INFORMATION	18 Guerentor eddress; Clty; on (See Instructions) Name of lender	State; Zip Code 21 Employer (See Instructions) te PAC (ID#:) State; Zip Code Employer (See Instructions) Check if personal funds wer	Loan Amount (\$) Interest rate Maturity date deposited into political
GUARANTOR INFORMATION not applicable not applicable pate of loan Is lender a financial Institution? Y N Principal occupation Description of Collary none GUARANTOR INFORMATION not applicable	18 Guerentor eddress; Clty; on (See Instructions) Name of lender out-of-sta Lender address; City; n / Job title (See Instructions) teral Name of guarantor	State; Zip Code 21 Employer (See Instructions) te PAC (ID#:	Loan Amount (\$) Interest rate Maturity date deposited into political Amount Guaranteed (\$)

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Cendidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memoriels Expense Loan Repayment/ReImbursement Office Overhead/Rentel Expense Polling Expense Printing Expense

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District

Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers
F			•
Date	5 Payee name		
Amount (\$)	7 Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	[]	de of Texas. Complete Schedule T. 'X, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code	-	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		le of Texas. Complete Schedule T. X, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		de of Texas. Complete Schadule T. 'X, officaholdar living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Condidate/Officebolder/Bollical Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reirnbursement Office Overhead/Rental Expense Polling Expense Printing Expense Pollaries/Magazi/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Contributions/Donations Made By Candidate/Officeholder/Politica	Committee Legal Services Salaries	Expense Travel Out Of District //Wages/Contract Labor Other (enter a category not listed above)
Total pages Schedule F2:	The Instruction Guide explains how to 2 FILERNAME	3 Filer ID (Ethics Commission Filers)
TOTAL OF UNITER	I MIZED UNPAID INCURRED OBLIGATIO	NS \$
Date	6 Payee name	
Amount (\$)	8 Payee address; City; State; Zip Coo	ie
TYPE OF EXPENDITURE	Political Non-	Political
	(a) Category (See Categories listed at the top of this echedule	(b) Description
PURPOSE OF		Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
Date Amount (\$)	Payee name	
Amount (\$)	Payee address; City; State; Zip Coo	de .
TYPE OF EXPENDITURE	Political Non-	Political
	Category (See Categories listed at the top of this schedule	Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE		Check If Austin, TX, officeholder fiving expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

т	he Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom investment is purchased	
	6 Address of person from whom investment is purchased; Cit	y; State; Zip Code
	7 Description of investment	
	8 Amount of investment (\$)	
Date	Name of person from whom investment is purchased Address of person from whom investment is purchased; City	/; State; Zíp Code
	radiess of person with mitorial investment is parentased;	y, State, Elposes
	Description of investment	
	Amount of investment (\$)	
		let
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	E AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Other (action of page 1)

Candidate/Officeholder/Politica	al Committee Legal Services Salaries/V The Instruction Guide explains how to o	Vages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F4:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	 IZED EXPENDITURES CHARGED TO A CF	REDIT CARD \$
5 Date	6 Payee name	
7 Amount (\$)	8 Payee address; City; State; Zip Code	
TYPE OF EXPENDITURE	Political Non-Po	olitical
0	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF		Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
Date Amount (\$)	Payee name Payee address; City; State; Zip Code	
TYPE OF EXPENDITURE	Political Non-F	Political
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O		Office sought Office held

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donetions Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Magnet/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

e Cetegories listed at the top of this schedule) e / Officeholder name ess; City; State; Zip Code	(b) Description Check if travel outside of Texas. Complete Science of Check if Austin, TX, officeholder living Office sought	
ess; City; State; Zip Code e Cetegories listed at the top of this schedule) e / Officeholder name ess; City; State; Zip Code	(b) Description Check if travel outside of Texas. Complete Some Check if Austin, TX, officeholder living Office sought (b) Description	expense
e Cetegories listed at the top of this schedule) a / Officeholder name ess; City; State; Zip Code	(b) Description Check if travel outside of Texas. Complete Some Check if Austin, TX, officeholder living Office sought (b) Description	expense
e / Officeholder name	Check if travel outside of Texas. Complete Some Check if Austin, TX, officeholder living Office sought (b) Description	expense
e / Officeholder name	Check if travel outside of Texas. Complete Some Check if Austin, TX, officeholder living Office sought (b) Description	expense
ess; City; State; Zip Code	Office sought (b) Description	
ess; City; State; Zip Code	(b) Description	
	(b) Description	
e Categories listed at the top of this schedule)		
	Check if Austin, TX, officeholder living	
e / Officeholder name	Office sought	Office held
	And the second s	
ess; City; State; Zip Code		
e Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete S Check if Austin, TX, atticaholder living	
e / Officeholder name	Office sought	Office held
	e Categories listed at the top of this schedule)	e Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete S Check if Austin, TX, officeholder living

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Other (enter a category not listed above)

Total pages Schedule H:	2 FILER NAME		3 Filer ID (Ethics Commission Filer
		_	
Date	5 Business name		
Amount (\$)	7 Business address; City; State; Zip Co.	de	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule	Check if travel outsl	de of Texas. Complete Schedule T. TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
Date	Business neme		4.
Amount (\$)	Business address; City; State; Zip Co	de	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule	Check If travel outsi	ide of Texas. Complete Schedule T. TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date	Business name	A CONTRACTOR OF THE CONTRACTOR	
Amount (\$)	Business address; City; State; Zip Co	de	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule	Check if travel outs	ide of Texas. Complete Schedule T. TX, officeholder living expense
	Candidate / Officeholder name	Office sought	Office held

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

	The Instruction Guide explains how to com	plete this form.
1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (Sss instructions for examples of scceptable categoriss.)	Description (See instructions regarding typs of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	And Andrew Control of the Control of
PURPOSE OF EXPENDITURE	Category (See Instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

www.ethics.state.tx.us

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The	1 Total pages Schedule K:	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom amount is received	8 Amount (\$)
	6 Address of person from whom amount is received; City; State;	
	7 Purpose for which amount is received Check if	political contribution returned to filer
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State:	; Zip Code
	Purpose for which amount is received Check if	political contribution returned to filer
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount Is received; City; State;	
	Purpose for which amount is received Check if	political contribution returned to filer
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State	; Zip Code
	Purpose for which amount is received Check if	political contribution returned to filer
merchanic distribution of the state of the s	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.					1 Total pages Schedule T:			
2	FILER NAME		. , , ,		3 Filer ID (Ethics Commission Filers)			
4	Name of Contributor / Corporation or Labor Organization / Pledgor / Payee							
5	Contribution / Expendit Schedule A2 Schedule F2	ure reported on: Schedule B Schedule F4	Schedule B(J)	Schedule C2	Schedule D Schedule F1			
6	Dates of travel	7 Name of person(s) traveling						
		8 Departure city or name of departure location						
9 Destination city or name of destination location								
10	10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event)							
	Name of Contributor / Corporation or Lebor Organization / Pledgor / Payee							
	Contribution / Expendit	ure reported on:	Schedule B(J)	Schedule C2	Schedule D Schedule F1			
	Schedule F2	Schedule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS			
	Dates of travel Name of person(s) traveling							
	Departure city or name of departure location							
	Destination city or name of destination location							
Means of transportation Purpose of travel (including name of conference, seminar, or other event)								
	Name of Contributor /	Corporation or Labor C	Organization / Pledgor	/ Payee				
	Contribution / Expendit	ture reported on:						
	Schedule A2	Schedule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1			
	Schedule F2	Schedule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS			
	Dates of travel	Name of person(s) traveling						
	Departure city or name of departure location Destination city or name of destination location							
	Means of transportation	Means of transportation Purpose of travel (including name of conference, seminar, or other event)						
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							
느					m 1 (a la la la			

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form. -- Complete only if "Report Type" on page 1 is marked "Final Report" --2 Filer ID (Ethics Commission Filers) C/OH NAME Hochgrabil I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file. FILER WHO IS NOT AN OFFICEHOLDER Complete A & B below only if you are not an officeholder. .. CAMPAIGN FUNDS Check only one: I do not have unexpended contributions or unexpended interest or Income earned from political contributions. I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or Income earned on political contributions in accordance with the requirements of Election Code, § 254.204. В. ASSETS Check only one: I do not retain assets purchased with political contributions or interest or other Income from political contributions. I do retain assets purchased with political contributions or interest or other income from political contributions. Lunderstand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204. **OFFICEHOLDER** · Complete this section only if you are an officeholder · · I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, affer filing the last required report as an offineholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions